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8	BEFORE THE MEDICAL BOARD OF CALIFORNIA	
9	DEPARTMENT OF CONSUMER AFFAIRS	
10	STATE OF CA	ALIFORNIA
11		
12	In the Matter of the Accusation Against:	Case No. 800-2021-076688
13	ANA REBECCA REYNA, M.D.	ACCUSATION
14	Post Office Box 2538 Tehachapi, California 93581-2538	
15	Physician's and Surgeon's Certificate No. G 51558,	
16	Respondent.	
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18		
19	<u>PARTIES</u>	
20	1. Reji Verghese (Complainant) brings this Accusation solely in his official capacity as	
21	the Interim Executive Director of the Medical Board of California, Department of Consumer	
22	Affairs (Board).	
23	2. On October 31, 1983, the Board issued Physician's and Surgeon's Certificate Number	
24	G 51558 to Ana Rebecca Reyna, M.D. (Respondent). That license was in full force and effect at	
25	all times relevant to the charges brought herein and will expire on October 31, 2023, unless	
26	renewed.	
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#### JURISDICTION .

- 3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.
  - 4. Section 2227 of the Code states:
  - (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
    - (1) Have his or her license revoked upon order of the board.
  - (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
  - (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
  - (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
  - (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
  - (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.
  - 5. Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

- (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
  - (b) Gross negligence.
- (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
  - (1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

- (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
  - (d) Incompetence.
- (e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.
  - (f) Any action or conduct that would have warranted the denial of a certificate.
- (g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.
- 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

## **COST RECOVERY**

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

## FIRST CAUSE FOR DISCIPLINE

# (Gross Negligence - Failure to Wear a Mask & Misleading Statements)

- 8. Respondent is subject to disciplinary action under section 2234 (b) of the Code, in that she failed to wear a mask during a patient visit and she provided medical advice to Patient A that advanced below standard of care treatment. The circumstances are as follows:
- 9. On April 2, 2021, Patient A presented for a clinic visit with Respondent with complaints of inflammation of several of his toes. Patient A wore a KN-95 mask during his visit

with Respondent. However, Respondent did not wear a mask. Patient A and Respondent discussed the patient's work environment and potential causes of the inflammation.

- 10. Patient A shared that he had been working from home because his girlfriend had the flu, and his job required a two-week quarantine before returning to the office if exposed to someone with COVID-19 like symptoms. This was met with a lengthy rant by Respondent regarding COVID-19. Respondent advised Patient A against being vaccinated. According to Patient A, Respondent, represented that the three available vaccines contained fetal tissue, would alter his DNA irreparably, and were linked to a significant increase in miscarriages. Respondent advised that they were not true vaccines, but gene therapy. Respondent further indicated that the Respondent referred to a medical podcast for the source of some of her advice. In addition, she expressed a belief that any information representing that COVID was worse than a common flu was politically motivated, with an intent to negatively impact the then current administration. Respondent also indicated that masks do not stop COVID.
- 11. Respondent told Patient A that when dealing with patients who exhibited COVID symptoms she directed them to purchase veterinary Ivermectin<sup>1</sup>, intended for horses.
- 12. At the end of the visit, Respondent told Patient A that his girlfriend should avoid the COVID vaccines, if she wants to get pregnant. Respondent told Patient A that the vaccines were responsible for 366% increase in miscarriages. Respondent read this information in a European paper. Respondent is not a treating physician of Patient A's girlfriend, and had not been provided with her medical history, or information related to whether the couple had an interest in having children.
- 13. On September 30, 2022, during her Medical Board investigatory interview, Respondent indicated that during the visit with Patient A, she was speaking to him "off the record." Respondent referred to it as a friendly conversation.

<sup>&</sup>lt;sup>1</sup> Ivermectin is an anti-parasitic medication used in people and animals. Ivermectin is approved for use in people, but only for specific parasitic diseases, not COVID. In addition, Ivermectin intended to veterinary use – as recommended by this doctor -- contains much larger concentrations of the active ingredient, and also ingredients that have not been approved for use in humans.

- 14. At the time of Patient A's visit, wearing a mask at all time in the presence of patients was standard medical practice, as well as required by a public health mandate.
- 15. Respondent's failure to wear a face mask during Patient A's visit constitutes an extreme departure from the standard of care.
- 16. Respondent made the following misleading statements and/or provided the following advice to Patient A, without telling Patient A that she was advising actions/inactions that fell below the standard of care in the community:
  - a. Masks do not stop viruses;
  - b. COVID-19 vaccines are not true vaccines. They are gene therapy and they work on genes;
  - c. The vaccines are produced with aborted fetal cells; and
  - d. Encouraging the use of veterinary Ivermectin;

Whether singly or in combination with one another, by making one or more of the statements set forth, Respondent committed an extreme departure from the standard of care by providing advice about COVID-19 that was not accurate, and did not clearly relay to Patient A that the advice did not comport with the standard of care in the community.

### SECOND CAUSE FOR DISCIPLINE

## (Repeated Negligent Acts)

- 17. Respondent is subject to disciplinary action under Code section 2234, subdivision (c) of the Code, in that Respondent committed repeated negligent acts in connection with his provision of medical services to Patient A. The circumstances are as follows:
- 18. The allegations of the First Cause for Discipline are incorporated herein by reference. as if fully set forth, and represent repeated negligent acts.
- 19. Respondent further departed from the standard of care by purporting to have an "off the record" or "friendly" conversation with Patient A during the clinic visit. All interactions that occur between a doctor and a patient, particularly during a clinic visit, must be conducted professionally. There may be no limitation to what topics can be discussed between doctor and patient, but the discussion must remain professional.